



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2018 through June 30, 2019

260011 - 2018/07
306.51 / 0.00

Type of Control: Government

Florida State Hospital

County: Gadsden (20)

Fiscal Year: 7/1/2015 - 6/30/2016

Type of Action: Unaudited Cost Report

District: 2

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	10,280,599.00	0.00	0.00	0.00	Total Bed Days	21,228
2. Routine	7,468,538.00		3,154,259.00		Total Inpatient Days	13,131
3. Special Care	112,693.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	7,498
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0849056604
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	17,861,830.00	0.00	3,154,259.00	0.00	Property Rate Allowance	1.00
10. Charges	5,220,197.00	0.00	3,154,259.00	0.00	First Rate Semester in Effect	2017/07
11. Fixed Costs	1,345,172.00		812,808.58		Last Rate Semester in Effect	2018/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	361.34		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2018/07	2018/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.1200
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2016
4. Rate of Increase (Year/Sem.)	1.016401	1.032622	County Ceiling	0.00	0.00	FPLI	0.9376

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	3,154,259.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	812,808.58	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,341,450.42	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	2,540,252.82	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	7,498	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	338.79	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	338.79	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9376) for Gadsden (20)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	338.79	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	108.40	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	447.19	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	3,154,259.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	420.68	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	456.40	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	447.19	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(140.68)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	306.51	0.00



Florida Agency for Health Care Administration
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 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2018 through June 30, 2019

260029 - 2018/07
364.30 / 0.00

Northeast Florida State Hospital

Type of Control: Government

County: Baker (2)

Fiscal Year: 7/1/2016 - 6/30/2017

Type of Action: Unaudited Cost Report

District: 4

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	1,045,641.00	1,215,106.00	30,817.00	0.00	Total Bed Days	18,250
2. Routine	6,826,794.00		2,832,494.00		Total Inpatient Days	13,695
3. Special Care	58,579,049.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	5,685
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0584445467
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	66,451,484.00	1,215,106.00	2,863,311.00	0.00	Property Rate Allowance	1.00
10. Charges	5,997,204.00	0.00	2,863,311.00	0.00	First Rate Semester in Effect	2018/07
11. Fixed Costs		325,458.00		155,386.99	Last Rate Semester in Effect	2018/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	520.08		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2018/07	2018/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.1730
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2016
4. Rate of Increase (Year/Sem.)	1.016401	1.032622	County Ceiling	0.00	0.00	FPLI	0.9694

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	2,863,311.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	155,386.99	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	2,707,924.01	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	2,866,187.40	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	5,685	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	504.17	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	504.17	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9694) for Baker (2)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	504.17	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	27.33	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	531.50	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	2,863,311.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	503.66	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	533.10	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	531.50	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(167.20)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	364.30	0.00



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 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2018 through June 30, 2019

260045 - 2018/07
278.62 / 0.00

Type of Control: Government

County: Broward (6)

Fiscal Year: 7/1/2016 - 6/30/2017

Type of Action: Unaudited Cost Report

District: 10

Hospital Classification: Special

South Florida State Hospital

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	376,462.00	0.00	6,336.00	0.00	Total Bed Days	18,250
2. Routine	6,595,631.00		1,591,729.00		Total Inpatient Days	17,163
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	4,142
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	0
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0584445467
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	6,972,093.00	0.00	1,598,065.00	0.00	Property Rate Allowance	1.00
10. Charges	6,972,093.00	0.00	1,598,065.00	0.00	First Rate Semester in Effect	2018/07
11. Fixed Costs	579,067.00		132,727.25		Last Rate Semester in Effect	2018/07

Ceiling and Target Information

	IP (F)	OP (F)	County Ceiling Base	IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	364.57		0.00	Exempt	Exempt	Semester DRI Index
2. Base Rate Semester	2018/07	2018/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.1730
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2016
4. Rate of Increase (Year/Sem.)	1.016401	1.032622	County Ceiling	0.00	0.00	FPLI	1.0271

Rate Calculations

Rates are based on Medicaid Costs		Inpatient	Outpatient
AA	Inpatient based on Medicaid Cost (C9) :Outpatient based on Medicaid Cost(D9)	1,598,065.00	0.00
AB	Apportioned Medicaid Fixed Costs = Total Fixed Costs x (Medicaid Charges/Total Charges)	132,727.25	
AD	Total Medicaid Variable Operating Cost = (AA-AB)	1,465,337.75	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	1,550,978.75	0.00
AF	Total Medicaid Days (Inpatient E4+E5) or Medicaid Paid Claims (Outpatient)	4,142	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	374.45	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	374.45	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (1.0271) for Broward (6)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	374.45	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (C11/AF) x E9	32.04	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	406.50	0.00
AQ	Total Medicaid Charges, Inpatient (C10): Outpatient (D10)	1,598,065.00	0.00
AR	Charges divided by Medicaid Days (Inpatient) or Medicaid Paid Claims (Outpatient)	385.82	0.00
AS	Rate based on Medicaid Charges adjusted for Inflation (AR x E7)	408.37	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	406.50	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(127.88)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	278.62	0.00



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 Computation of Hospital Prospective Payment Rates
 For Rate Semester July 01, 2018 through June 30, 2019

260053 - 2018/07
189.40 / 0.00

West Florida Community Care Center

Type of Control: Government

County: Santa Rosa (57)

Fiscal Year: 7/1/2015 - 6/30/2016

Type of Action: Unaudited Cost Report

District: 1

Hospital Classification: Special

Type of Cost / Charges	Total		Medicaid		Statistics (E)	
	Inpatient (A)	Outpatient (B)	Inpatient (C)	Outpatient (D)		
1. Ancillary	0.00	0.00	0.00	0.00	Total Bed Days	36,600
2. Routine	6,549,616.00		0.00		Total Inpatient Days	25,665
3. Special Care	0.00		0.00		Total Newborn Days	0
4. Newborn Routine	0.00		0.00		Medicaid Inpatient Days	0
5. Intern-Resident	0.00		0.00		Medicaid Newborn IP Days	0
6. Home Health					Medicare Inpatient Days	933
7. Malpractice	0.00	0.00	0.00	0.00	Prospective Inflation Factor	1.0849056604
8. Adjustments	0.00	0.00	0.00	0.00	Medicaid Paid Claims	0
9. Total Cost	6,549,616.00	0.00	0.00	0.00	Property Rate Allowance	1.00
10. Charges	16,076,883.00	0.00	0.00	0.00	First Rate Semester in Effect	2017/07
11. Fixed Costs	162,478.00		0.00		Last Rate Semester in Effect	2018/07

Ceiling and Target Information

	IP (F)	OP (F)		IP (G)	OP (G)	Inflation / FPLI Data (H)	
	1. Normalized Rate	278.95		0.00	County Ceiling Base	Exempt	Exempt
2. Base Rate Semester	2018/07	2018/07	Variable Cost Base	Exempt	Exempt	Cost Report DRI Index	2.1200
3. Ultimate Base Rate Semester	1991/01	1993/01	State Ceiling	0.00	0.00	FPLI Year Used	2016
4. Rate of Increase (Year/Sem.)	1.016401	1.032622	County Ceiling	0.00	0.00	FPLI	0.9679

Rate Calculations

Inpatient Rate based on Total Costs, Charges and Days due to Medicaid days being less than 200.		Inpatient	Outpatient
AA	Inpatient based on Total Cost (A9) :Outpatient based on Medicaid Cost(D9)	6,549,616.00	0.00
AB	Total Fixed Costs	162,478.00	
AD	Total Variable Inpatient/Medicaid Outpatient Operating Cost = (AA-AB)	6,387,138.00	0.00
AE	Variable Operating Cost Inflated = (AD x Inflation Factor (E7))	6,929,442.17	0.00
AF	Total Days (Inpatient E2+E3) or Medicaid Paid Claims (Outpatient)	25,665	0
AG	Variable Cost Rate: Cost Divided by Days (IP) or Medicaid Paid Claims (OP)	270.00	0.00
AH	Variable Cost Target = Base Rate Semester x Rate of Increase (G2 x F4)	Exempt	Exempt
AI	Lesser of Inflated Variable Cost Rate (AG) or Target Rate (AH)	270.00	0.00
AJ	County Rate Ceiling = State Ceiling (70% IP & 80% OP) x FPLI (0.9679) for Santa Rosa (57)	Exempt	Exempt
AK	County Ceiling Target Rate = County Ceiling Base x Rate of Increase (G1 x F4)	Exempt	Exempt
AL	Lesser of County Rate Ceiling (AJ) or County Ceiling Target Rate (AK)	Exempt	Exempt
AM	Lesser of Variable Cost (AI) or County Ceiling (AL)	270.00	0.00
AN	Plus Rate for Fixed costs and Property Allowance = (A11/AF) x E9	6.33	
AP	Total Rate Based on Medicaid Cost Data = (AM + AN)	276.33	0.00
AQ	Inpatient: Total Charges (A10) Outpatient Medicaid Charges (D10)	16,076,883.00	0.00
AR	Charges Divided by Total Days (Inpatient) or Medicaid Paid Claims (Outpatient)	626.41	0.00
AS	Rate Based on Charges Adjusted for Inflation (AR x E7)	679.60	0.00
AT	Prospective Rate = Lesser of rate based on Cost (AP) or Charges (AS)	276.33	0.00
AU	(IP%: 31.4582 %, OP%: 25.6234 %)	(86.93)	0.00
AV			
AW			
AX			
AY	Final Prospective Rates	189.40	0.00

